

Parent/Guardian's Name:

## D.H.S.P. CHILDCARE & FAMILY SUPPORT SERVICES PRESCHOOL & AFTERSCHOOL PROGRAMS WAITLIST REQUEST FORM

sharing resources...building community

This form is to request that your child be placed on a Department of Human Services Childcare Program. Please complete all three pages and return to the address on the back of this page. You will be contacted by telephone when an opening is available for your child to enroll. Preschool children are eligible to be placed on a wait list at one year (1) of age, Afterschool children at anytime. The Department of Human Services caters to Cambridge residents and City of Cambridge employees first, nonresidents will remain on list until all eligible resident are served. If you have a change of address or telephone # please call the Enrollment Coordinator at 617-349-6254, so the information may be updated immediately. Incorrect information may affect your ability to enroll sooner, complete one form per child.

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Address:	Ар	ot# City, State, Zip		
Home Phone:	Work Phone:	Cell Phone:		
<u>Child's Name:</u>				
First	La	st	F	_
Date of Birth/Child	's Current age:y	/rsmos.		
Elementary School child currently at	tends (After School children only)		Grade:	
Is child a sibling of a child, currently	enrolled in a DHSP preschool or af	fter school Program?yesr	o Past Enrollment? yes	_ no
If yes, Sibling's Name: First	Last	Program Name		
Does your child have an Individualize	ed Education Plan (I.E.P) or (504) ye	es no if yes, please explain o	on lines below:	
Does your child require more individe	ualized attention than the typical stu	dent? yes no	if yes please explain on lines	below:
Has your child been identified as have	ving a special need? (emotional, phy	ysical or health) yesno	if yes, please explain or	n lines below:
		ose the programs for which you wo should decline the first available sp		
Preschool P	<u>rograms</u>		Afterschool Programs	
(12)Haggerty Preschool 8:	3	1) Peabody Afterschool Grades K-2 or 2-5	Afterschool—plea Part-time slots up	ase check only one on availability
(11)Peabody Preschool 8:0 (13) M.L. King Preschool 7:	•	5) M.L. King Afterschool	Mon, Wed, Fri (or	
(15) King Open Preschool 8	:00 a.m.—6:00 p.m.	Grades K-2 or 2-5	Tues & Thurs (on Full Time 5 days a	
(16)Kennedy Longfellow F		7) Fletcher/Maynard Afterschool Grades K-3	elementary scho	nay not be available from all cols to an afterschool
(17)Morse Preschool 8:00 a	a.π.—6.00 μ.π.	3) Morse Afterschool Grades K-2 or 3-5	program.	
Parent/Guardian Signature:			Today's Date:	



Department of Human Services is committed to providing high quality programs for all children and youth. We welcome each child and value each child's strengths, needs, differences and similarities. We encourage all children and youth regardless if ability to participate.

CHECK ALL FUNDING SOURCES THAT APPLY- (PLEASE CHECK AT LEAST ONE TO COMPLETE THIS APPLICATION-For more information, see descriptions below.

descriptions below.
CITY SCHOLARSHIP: The City of Cambridge Department of Human Service Programs has a limited amount of funds available for tuition assistance for families enrolled in either a DHSP preschool or after school program who's parents/guardians are either working or training or school (up to Masters only). Your family's total gross income may not exceed \$53'585 for a family of 5. As scholarships are based on gross monthly income, family size and Cambridge residency, you will be asked to supply required documentation at the time of registration. Other forms of documentation may also be required where necessary. (PLEASE DO NOT SEND DOCUMENTATION WITH THIS FORM.) For more information call Childcare Enrollment Coordinator at 617-349-6254.
Massachusetts Department of Early Education and Care (VOUCHERS): We accept vouchers for both full-time and Part-time preschool and After School programs. These subsidies are for parents who are working or training 30hrs weekly or who are full-time student (undergraduates only) and earn up to 50% or less of the state median income (approximately \$52'273 for a family of four). Vouchers are issued by the CCRC (Childcare Choices Boston) located at 105 Chauncy Street, Boston. For more information or to be place on the EEC waitlist call 617-542-5437.
Massachusetts Department of Early Education and Care (EEC Slots): DHSP has a limited number of subsidies funded slots by (EEC) these subsidies are for parents who are working or training 30hrs weekly or who are full-time student (undergraduates only) and earn up to 50% or less of the state median income (approximately \$52'273 for a family of four). Families must meet EEC income eligibility and service need guidelines. Parents pay fees based on their gross monthly income. Slots are for Full Day licensed Preschool services only These slots are waitlisted and are filled upon slot availability. For more information or to be placed on the EEC waitlist please call 617-542-5437.
REGULAR TUITION: Tuitions are on a sliding fee scale based on gross family income, with a current Preschool base rate of \$37.60 DAILY and After School rate of \$16.50 DAILY. Documentation of income will be required during the enrollment process.
Please check one
□ Resident □ Nonresident
□ City of Cambridge Employee

The City of Cambridge, Department of Human Service Programs, does not discriminate in providing services to children and their families on the basis of race, religion, national origin, cultural heritage, political beliefs, sexual preference, marital status, or disability. The Department of Human Service Program will provide auxiliary aids and services, written materials in alternative formats and reasonable modifications in policies and procedures to qualified individuals with disabilities upon request. For more information, call 617-349-6200 or TTY 617-492-0235



## City of Cambridge Department of Human Service Programs Information Release Form

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sharing resources, building community	
(PRINT Child's Name)	(Name of School)

Please circle one: **NEW STUDENT RETURNING STUDENT** 

Youth Centers	Community Schools (CS)	Afterschool Childcare	Preschool Childcare
☐ Area IV Pre-teen		☐ Fletcher Maynard K-3	☐ Kennedy Longfellow
☐ Area IV Teen	☐ Cambridgeport CS	☐ King K-2	☐ Haggerty
☐ Frisoli Pre-teen	☐ Fitzgerald CS	☐ King 2-5	☐ King Open
☐ Frisoli Teen	☐ Fletcher Maynard CS	☐ Morse K-2	☐ M. L. King
☐ Gately Pre-teen	☐ Haggerty CS	☐ Morse 3-5	☐ Morse
☐ Gately Teen	☐ Harrington CS	☐ Peabody K-2	☐ Peabody
☐ Moore Teen	☐ Kennedy CS	☐ Peabody 2-5	
☐ West Camb. Pre-teen	☐ King CS		
☐ West Cambridge Teen	☐ Linnaean CS	☐ King Open	Recreation
☐ MSP @ Frisoli	☐ Morse CS	Extended Day	
☐ MSP @ Gately	☐ Tobin CS	(KOED)	☐ Camp Rainbow
			☐ The Cambridge Prgn
☐ (MSP=Middle			☐ War Memorial Prgm
School Partnership)			·
School Partnership)  I hereby authorize the classroom or program other needs with his/h	and to discuss my child's eduction and the discussion and the discu	es (DHSP) to observe my child in cational, physical, medical, psyc pists, medical providers and ot HSP's out of school time (OST) a	n his/her school day hological and/or her caregivers for
School Partnership)  I hereby authorize the classroom or program other needs with his/h the purpose of evaluation programs.	and to discuss my child's eduction and the discussion and the discu	cational, physical, medical, psyconists, medical providers and ot HSP's out of school time (OST) a	n his/her school day hological and/or her caregivers for
School Partnership)  I hereby authorize the classroom or program other needs with his/h the purpose of evaluation programs.  Parent/Guardian Name	and to discuss my child's eduction and to discuss my child's eduction in Discussion in Discuss	cational, physical, medical, psyconists, medical providers and ot HSP's out of school time (OST) a	n his/her school day hological and/or her caregivers for
School Partnership)  I hereby authorize the classroom or program other needs with his/h the purpose of evaluation programs.  Parent/Guardian Name	and to discuss my child's eduction to discuss my child's eduction to the teachers, specialists, therapting his/her participation in Discussion to the teachers are the teachers.	cational, physical, medical, psyconists, medical providers and ot HSP's out of school time (OST) a	n his/her school day hological and/or her caregivers for

Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written cosent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature:	Date:	
I decline authorization:	Date:	Revised 1/2014